When I initiated the reform of WHO in early 2011, I envisioned an organization that was ‘fit for purpose’, able to respond rapidly and effectively to the public health challenges of today, and those we will face in the future.

Member States welcomed this initiative and have guided the process, reaching consensus on many areas of reform, and giving direction as we go forward. In the end, what we all want to see are changes that improve the performance of WHO, at a time of exceptionally complex health challenges, in an era of nearly global austerity.

That means a more strategic engagement of WHO’s talented staff and use of resources, and greater efficiency in their management. That means a more structured and focused approach to priority setting. That means a clear understanding of health needs that WHO is best-positioned to address. That means discipline among Member States in their expectations of what WHO can do. All of this ultimately means a programme of work with an impact on health outcomes that can be measured, which is adequately and appropriately financed, and for which WHO can be readily held accountable.

We have made some progress, as described in this newsletter. From the outset, Member States recognized that some reforms could be introduced quickly while others would take more time. I have proceeded with some managerial reforms which fall within my responsibility.

The Organization has downsized. Graphs in this newsletter indicate the savings incurred through reformed staffing and travel policies, though exchange rate fluctuations remain a serious problem. We have found ways to shed some layers of bureaucracy and move faster. For example, the recruitment of staff to head our country offices has been streamlined, drastically reducing the time needed to fill vacant posts, with no sacrifice of standards for recruitment. A similar approach is planned for the recruitment of other categories of staff, including epidemiologists and technical officers.

Reformed procedures for priority setting at WHO are an important and urgent subject. Member States have endorsed a limited set of criteria and categories of work as a way of rationalizing the priority-setting process and making it more transparent. This groundwork facilitates much of the difficult work that lies ahead, as will be initially addressed by the PBAC meeting in December.

Together, we are tackling an ambitious and comprehensive agenda for reform. I look forward to your guidance as we take the next bold steps.

Welcome

World Health Organization     November 2012  Welcome

Find out more about WHO reform on page four.
What is WHO reform?

WHO reform aims to position the Organization to better address the increasingly complex challenges of health in the 21st century. By establishing clear priorities, combined with adopting better management and governance practices, we can better serve the global health community. WHO reform enables us to more effectively fulfill our constitutional mandate as the “directing and coordinating authority on international health work.”

The reform process has three objectives:

- Improved health outcomes, with WHO meeting the expectations of its Member States and partners in addressing agreed global health priorities, focused on the actions and areas where the Organization has a unique function or comparative advantage, and financed in a way that facilitates this focus.

- Greater coherence in global health, with WHO playing a leading role in enabling the many different actors to play an active and effective role in contributing to the health of all peoples.

- An Organization that pursues excellence; one that is effective, efficient, responsive, objective, transparent and accountable.

To learn more about reform and access all documents related to reform click here.
Reform: Three strands

Programmes and priority setting

“As you have made extremely clear, priority setting should be the force that drives all reforms. Reforms follow priority functions. Money follows agreed priorities.”

Margaret Chan,
Executive Board Special Session on WHO reform, November 2011

Setting priorities

To start the WHO reform we need clear priorities. The process of priority setting enables us to focus on playing an effective leadership role in global health, while allowing us to focus on where we can make the most impact.

Clear priorities also ensure that we provide the most value for money and we are held accountable to deliver on them. Member States are responsible for defining our priorities; they have agreed on criteria to develop priorities and a set of categories that facilitates the organization of our work. The set of criteria includes factors such as country needs, burden of disease, and availability of evidence-based interventions.

The categories of work are Communicable diseases, Non-communicable diseases, Health throughout the life cycle, Health systems, Preparedness, surveillance, and response, and, corporate services and enabling functions. The priorities will take shape in the 12th general programme of work which will provide a clear vision for the next six years and, in the programme budget 2014-15 which will outline what WHO is expected to deliver in the biennium.

Criteria

The current health situation
Needs of individual countries
Internationally agreed instruments
The existence of evidence-based, cost-effective interventions
The comparative advantage of WHO

Click here for the full criteria.

Categories

Communicable diseases
Non-communicable diseases
Health throughout the life cycle
Health systems
Preparedness, surveillance, and response
Corporate services and enabling functions
What is...

The general programme of work provides a vision and guides the work of the Organization during a pre-determined time period. The next general programme of work – the twelfth – is currently under development and covers the period 2014-19.

The programme budget is established on a biennial basis, within the policy framework and direction of the general programme of work, and outlines the outputs and targets to be achieved by WHO during the biennium. The programme budget for 2014-15 is currently being developed.

The general programme of work and programme budget are constitutional requirements. The Director-General is mandated to prepare and submit for approval by the Health Assembly, through the Executive Board, a general programme of work and budget estimates of the Organization.

Comments from the Regions

Drafts of the 12th general programme of work and the programme budget 2014-15 were presented to the Regional Committee Meetings.

Several areas of consensus emerged from the discussions. They encouraged more focus with greater differentiation between the general programme of work and the programme budget; more clarity on how the headquarters, regional and country offices should contribute to the outputs; reduce the number of priorities, outcomes and outputs; and more specificity of the outputs and how they contribute to improving health.

An overview of the discussions will be shared with Member States at the special session of the PBAC in December 2012.

Click here for the full document.

Voices from the country offices

WHO reform began in early in 2011, but how has it made an impact at the country level? Our country offices are present in 151 countries, territories and areas, and are at the frontline of public health. Here are perspectives from two WHO Country Representatives.

"WHO’s reform is bringing credibility in Kazakhstan. The UN country team used to think WHO was rigid, non-responsive in the field. But this is changing fast. Aligning WHO with broader UN reforms has further energized the country team. People appreciate WHO’s bid to become more transparent, accountable, flexible and more responsive to country needs.”

"We are waiting for the reforms at country level. We hope it will clarify the kinds of resources – financial, human, and technical – we will have access to. We will have a better sense of their flow and this will definitely help us plan also help WHO to have more focus at country level. We no longer want to spread ourselves thin with too little to invest. Some of my current programmes have less than USD 2000 for a biennium. With more focus, we will see more impact.”

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The global public health landscape has changed dramatically since WHO was established in 1948.

While governments are obviously our main partners, our collaboration and coordination with other stakeholders ensures we reach common goals that contribute to improving the health and lives of millions.

Early in the reform it became clear that our current policies needed to be revised to ensure efficient working relations with stakeholders in public health, promote complementarity between different actors, and manage potential conflicts of interest.

In consultation with key stakeholders, we are developing three engagement policies: WHO’s hosting arrangements with partnerships, engagement with NGOs, and relationships with private commercial entities.

The draft policies will be discussed in the EB132 in January 2013 and EB133 in May 2013.

“Given the importance of patient empowerment and the rights-based approach in global health, there is a clear need for WHO to better include the perspective and voice of civil society.”
Union for International Cancer Control and World Health Federation

“From a field perspective, if it is essential to have medical rules, regulations and due procedure followed, it is as essential as to have concrete actions and presence in the medical and humanitarian responses. WHO has an important role and responsibility to play, making sure that adequate medical policies but also efficient medical actions are in place.”
Médecins sans frontsiers

Voices from the NGO consultation

“We recommend that engagement between WHO and civil society is based on the principles of reciprocity, responsibility, transparency, collaboration and mutual trust and understanding.”
International Diabetes Federation (IDF)

In October 2012 we held a consultation with nongovernmental organizations. Click here for the report.
Managerial reform

New approach to financing

Professor Thomas Zeltner, former Director-General of the Swiss National Health Authority and Secretary of Health of Switzerland, has a long history as an innovative and progressive leader in national and international public health. In June, Director-General Margaret Chan appointed Professor Zeltner as her Special Envoy.

Andrew Cassels (AC), WHO Director of Strategy, met Professor Zeltner (TZ) to talk about his role and perspectives on WHO financing.

AC: What do you have to say about financing? When we started all of this we thought, if we get more flexible funding, the problems will be solved.

TZ: That was my starting point too, but I have changed my view on flexible funding. WHO is working in an area where long-term activities are crucial - changing the non-communicable diseases scene is not something that you can do in a two-year period. It is a long-term investment so you need a long-term commitment. The departure point of the discussion has been if we have 100% assessed contribution, which is funding the entirety of the regular budget, we would be fine. I don’t think so. I don’t think that funding the budget with 100% assessed contributions from countries would be an ideal world for WHO.

AC: Even if it was possible?

TZ: Even if it was possible. I think that WHO should go for a mixed-financing model. The reason being, some of the major donors might say when it comes to priorities - we agree or we abstain as long as we don’t have to pay for it. With the assessed contributions, controversial issues might not be passed since the delegates will have difficulties getting agreement on them at home. In the end it is not the Minister of Foreign Affairs together with Minister of Health who decides, it is the whole of a society in a given country.

AC: Voluntary funding comes from a narrow range of countries do you see that as a problem?

TZ: 60% of WHO’s funding comes from ten countries, and over 80% of the budget comes from 20 donors. More donors are needed to make funding more predictable. I think it is necessary to have assessed contributions and additional voluntary contributions to complement them when sensitive issues are brought up on the agenda, but that is my personal view.

AC: What about the overall amount of money? DG has been on record that she is thinking about a stable resource envelope for the next six years. Why did she do that, why not go for more money? Or maybe your view is different?

TZ: It is a realistic judgment...

To read the full interview please click here.
The 2008 global financial crisis has had a profound impact on WHO. Income fell, contributions decreased, and costs rose with volatile exchange rates, compromising work and creating uncertainty for many staff. We took immediate measures to cut costs and liabilities, and adapt to the new financial realities, including:

- Reduction in longer-term posts.
- Non-renewal of short term contracts.
- Temporary recruitment freeze along with re-examining all vacant posts with respect to their grade and wherever possible downgrading posts before advertisement.
- Outsourcing service areas, such as facilities management and maintenance.
- Off-shoring additional service functions to the Global Service Centre in Kuala Lumpur, Malaysia.

These measures have resulted in savings of more than $200 million.

Changes in staff numbers in WHO Major Offices

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-937
Savings of more than $28M

Savings due to new travel policies

New travel policies were introduced to make travel more strategic, reduce cost, and increase accountability. The result has been an average reduction of more than 550 travels per month and a total reduction of flight ticket cost of more than $28 million from 1 January 2011 to 31 October 2012.

Improved financial controls

A robust internal control framework is in development that reinforces a culture of ethical behavior and workplace integrity. The framework covers all processes that have financial consequences to ensure adherence to rules and procedures and clear lines of accountability. The framework also encourages risk and compliance-awareness of its personnel and assists managers to identify and respond to risks in a systematic manner.

Make travel more strategic

Strategic choice of meeting venues to reduce costs.

Staff are strongly encouraged to make use of video and teleconferences.

Increase accountability

Travel reports need to be submitted and approved before submitting a travel claim.

Full per diem is only paid if the staff member submits hotel bills — if not the staff member receives 50% per diem.

Reduce cost of travel

Fewer trips eligible for business class.

Previously all travel more than six hours were eligible for business class — now this rule is applied to travel longer than nine hours.
Human Resources

We are reforming human resources with the following objectives: improved flexibility of the workforce; greater staff mobility; and enhanced staff development and performance management. While the three areas are closely interrelated, creating a more flexible workforce will benefit all areas of reform.

Plans for creating greater flexibility include:

- Joint recruitment, with representation from headquarters and regions on the Selection Panels, ensuring uniformity of process and standards across the Organization. This also facilitates transfers between Major Offices.

- Generic job descriptions, allowing many positions to be filled through one selection process. This also facilitates lateral transfers across the Organization, creating pathways for staff to be assigned where they are most needed.

- Rosters of staff who are prescreened and ready for deployment in priority job groups such as Heads of WHO Country Office. This drastically reduces the time needed to fill vacant posts with staff who meet the required standards. Similar pools are planned for administrative officers, epidemiologists, health technical officers, and communications officers.

While the three areas are closely interrelated, creating a more flexible workforce will benefit all areas of reform.
In brief

Report of the United Nations Joint Inspection Unit
At the request of the Executive Board in November 2011, the United Nations Joint Inspection Unit (JIU) has updated two earlier reports on management and administration practices, and the decentralization of WHO. A review has been ongoing throughout 2012. These reports have been finalized and include the result of the staff surveys carried out earlier this year by JIU. These reports will be presented to the EB133 in January 2013.
Click here for the full report.

United States Government Accountability Office: Reform Agenda Developed, but U.S. Actions to Monitor Progress Could Be Enhanced
In 2011 United States Government Accountability Office (GAO) was tasked with reviewing the WHO Programme of reform and the findings were presented in a report to the US Senate in July 2012. The report examines the steps WHO has taken to develop and implement a reform agenda that aligns with the challenges identified by various stakeholders, including the United States which has provided specific recommendations for WHO reform. Key findings include:
• The reform agenda aligns with the challenges identified by the stakeholders.
• WHO faces potential challenges throughout the implementation of the reform.
• The success of WHO reform depends on the ability of WHO to establish a comprehensive reform implementation plan as well as ensuring consensus of Member States and internal and external stakeholders on the implementation.
Click here for the full report.

Stakeholder Perception Survey
WHO commissioned Grayling Public Relations, an independent global communications agency, to perform a survey to better understand various stakeholders’ perspectives on WHO. This helps WHO to better understand stakeholder perception and concerns and will feed into the Organization’s global communications strategy. It will provide a benchmark as we repeat this survey every two-three years. Over a thousand people from 46 countries responded to the survey, including: Ministries of Health and other government ministries, NGOs/Civil society and health professional organizations, UN agencies and other international organizations, foundations and health partnerships, and journalists. In addition, 2,300 WHO staff members responded to the survey. The findings will be made available shortly.
Coming soon

Special Session of the Programme, Budget and Administration Committee of the Executive Board (PBAC), 6-7 December 2012
A meeting focused on improving WHO’s financing.
Click here for the documents.

Seventeenth Meeting of the Programme, Budget and Administration Committee of the Executive Board (PBAC), 17-18 January 2013
On the agenda are Draft 12th general programme of work, proposed programme budget 2014-15 and a WHO reform update.
Click here for the documents.

132nd Meeting of the Executive Board (EB), 21-29 January 2013
On the agenda for EB132 are several reform related topics including Draft 12th general programme of work and programme budget 2014-15, scheduling / alignment of Governing bodies, financing, global health governance, stakeholder engagement, external evaluation and implementation of WHO reform.
Click here for the documents.

Contact:
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www.who.int/about/who_reform/en/index.html